

# APPLICATION FOR CERTIFICATION

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

WHERE TRAINING COMPLETED \_\_\_\_\_

DATE TRAINING BEGAN \_\_\_\_\_ DATE TRAINING COMPLETED \_\_\_\_\_

NAME OF EMPLOYING AGENCY \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

## IMPORTANT INFORMATION:

Utah Code 53-6-203 (4) and 53-6-302 (4) indicates that any background check or background investigation performed pursuant to the requirements of this section shall be for the purpose of determining eligibility for admission to training programs or qualification for certification examinations and shall not be used as a replacement for any background investigations which may be required of an employing agency.

Law  
Enforcement  
Officer

☐

Law Enforcement  
Reserve  
Officer

☐

Special  
Function  
Officer

☐

Correctional  
Officer

☐

Correctional  
Reserve  
Officer

☐

Dispatcher

☐

I request this person to be certified as a

In the position of \_\_\_\_\_  
(Specify position to be certified in)

I certify this person to be an employee of this agency who will be working in a position requiring the requested certification. I am familiar with Utah Code 53-6-203 (4) and 53-6-302 (4). I realize the background check done by POST was of a cursory nature only. I understand that it was to determine eligibility for admission to training or qualification for certification examinations. A background investigation has been conducted by me or my representative. I am satisfied that this person is of good moral character. To the best of my knowledge this applicant is free of any physical, emotional or mental conditions which might adversely affect his / her performance in the certified position requested.

\_\_\_\_\_  
Signature of Agency Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency

## POST USE ONLY

Fingerprint Check

Reviewed by \_\_\_\_\_

Training Verified

Date Reviewed \_\_\_\_\_